

oday's Date: Name of Applicant:			
Home Address:			
Location of Yard Sale:			
Email: Phone Number:			
days, only four (4) permits pe	r calendar year will be ap	s prior to the sale and limited to three (3) corporoved for each individual and/or location. ection by city staff when needed, and is non-	This permit is
Dates and Times of Sale	Starting time	Ending time	
//////////////////////////////////////	un	til	
/ / Month Day Year	un	til	
//////////////////////////////////////	un	til	
List the general description o	NO sales will be held	I in the following areas:	
		ween 3 <sup>rd</sup> and 7 <sup>th</sup> Streets ween 4 <sup>th</sup> and 6 <sup>th</sup> Streets	
	Home Avenue betw	reen 4 <sup>th</sup> and 6 <sup>th</sup> Streets	
•		d Avenue and Home Avenue urens and Home Avenue	
		urens and Home Avenue	
		ES, TELEPHONE POLES, OR LIGHT I	
Applicant	Date	City of Hartsville Representative	Date

Please return this application to <a href="mailto:beth.tripp@hartsvillesc.gov">beth.tripp@hartsvillesc.gov</a>, fax: 843-383-3040, or in person at The Key, 106 E. Carolina Avenue, Mon.- Fri. 11am-5pm or Sat. 11am-3pm. For questions, please contact Beth Tripp at 843-917-0583.